

SNAPSHOT

Volunteer Family Connect: Pilot study results

Strengthening families and communities through volunteering



Volunteer home visiting is a service that aims to improve the well-being of families with young children who need some support because of, for example, isolation, lack of help from family and friends, multiple births or a disability in the family. Trained volunteers visit families at home over a period of several months to support and connect them to local resources.

The research literature suggests that volunteer home visiting has benefits for family wellbeing and for the volunteers. However, few of the existing studies have been rigorous or large and, as a result, governments and other funders have been hesitant to invest in volunteer home visiting on any scale.

In 2012, Good Beginnings Australia, The Benevolent Society and Karitane together entered into a partnership with researchers Dr Rebekah Grace and Professor Lynn Kemp at the University of New South Wales (now at Macquarie University and Western Sydney University respectively). The goal of the partnership was to develop a common best practice model of volunteer home visiting and to undertake an in-depth trial to test its effectiveness and cost effectiveness.

The joint project is known as Volunteer Family Connect (VFC). This Snapshot summarises the findings of a pilot study conducted in preparation for the main trial.

Key Points

- The pilot study found that families supported through Volunteer Family Connect (VFC) experienced marked changes, especially in parent wellbeing, social support and connectedness, and parenting satisfaction.
- There was also a clear trend of improvement in their mental health.
- VFC families were more vulnerable on a number of variables than comparison group families at baseline. However by 6 months they had similar scores.
- The study adds weight to the argument that VFC plays a valuable role for families who are vulnerable but who would usually not qualify for intensive professionally based support services.



INTRODUCTION

For some women the experience of having young children is one of isolation and uncertainty and as many as one in four report having low levels of social support. Others at risk of isolation include mothers who are new to Australia and those who have a child with high support needs. Social isolation is a significant predictor of poor outcomes for mothers and their children and increases the risk of post-natal depression. On the other hand, it is well-established that community connectedness and a sense of belonging to the local community are fundamental to a person's health and wellbeing.¹

One response to addressing social isolation among families with young children has been to develop structured social support programs such as volunteer home visiting (VHV). VHV services assist families by linking them to people (volunteers) from their local community who have experience in parenting and/or caring for children. They support the families to increase their parenting confidence, encourage positive parent-child relationships and build their social networks and connections to local services.

Existing research suggests that VHV programs contribute to improved maternal wellbeing, parenting skills, parent-child relationships and social connectedness. In addition, positive outcomes have been reported for the volunteers such as increased knowledge and skills, and reduced social isolation.

Volunteers often become significant and highly valued figures in the families' lives. Research suggests that parent-volunteer relationships are most successful where the volunteers offer flexibility, compassion and non-judgemental support.

However, there is a shortage of well-designed quantitative studies that have evaluated the impact

and outcomes of volunteer home visiting services and, hence, lack of a strong evidence-base demonstrating their value to governments and other funders.

To address this gap a partnership project, known as Volunteer Family Connect, was developed in 2012 between Good Beginnings Australia², Karitane and the Benevolent Society and researchers then based at the University of New South Wales and the Centre for Social Impact³. The project's aim was to develop a common best practice model of home visiting and to undertake an effectiveness trial (a randomised controlled trial) and cost effectiveness analysis (Social Return on Investment) of the model.

The goal of the trial will be to explore the extent to which participation in the VFC program improves outcomes for families and for volunteers.

The trial is due to be conducted in 6 locations in 4 states. It will be the first effectiveness trial of volunteer home visiting to be conducted in Australia, the largest trial to be conducted world-wide, the first to focus on outcomes both for the families and the volunteers who support them and the first to include an analysis of the social return on investment.

It aims to answer the key policy questions as to whether this type of service is worthy of investment by governments and if so, what its place should be in the range of services available to families with young children.

¹ References are available in the full report of the pilot study.

² Now part of Save the Children Australia

³ Now at Macquarie University, Western Sydney University and EY.

THE SERVICES

VFC services support families with one or more children aged 0-3 years who are vulnerable for reasons such as lack of support or isolation from family and friends, having a disability in the family, multiple births, difficulty getting out of the house or being new to Australia.

They provide an early intervention service which focuses on providing practical and emotional support for parents, parent-child bonding and making bridges between families and their local communities. As such they are not intended as a substitute for professional services needed by families with more intense or complex needs.

Families are connected with volunteers from their local area. The volunteers typically visit families for 2-3 hours a week over a period of 6-12 months. Volunteers are typically women (middle aged and older) who have experience in parenting and/or caring for children.

The volunteers assist parents (mostly mothers) to build their own wellbeing, confidence as parents, access to services, coping mechanisms, social networks and connections to community resources. The volunteers are recruited, trained and supported by the service provider organisations. Families are most commonly referred to services by social workers, community and hospital-based nurses, or through self-referral.



DEVELOPMENT OF A COMMON BEST PRACTICE MODEL

In preparation for the trial, the researchers and partner organisations:

- drew on the experience of the three partner organisations and the existing research literature to develop a best-practice manual and guidelines for the program
- reviewed all program documentation and developed standard forms (e.g. risk assessment forms)
- trained program staff and volunteers in 4 states (NSW, Victoria, Queensland and Tasmania) in the use of the best-practice guidelines, the purpose and value of research, and their role in the research
- identified the range of care supports usually available to families in each area
- developed an activity checklist to monitor the fidelity of program delivery

- held focus groups with program staff and volunteers to develop a program logic
- identified measurement tools and tested the methodology through a pilot study.

'It has turned my life around. I was in a different place before the volunteer came.'

VFC PARENT

'I understood what it felt like to have limited support and wanted to help others.'

VFC VOLUNTEER

AIM

The pilot study was guided by the following questions:

- 1 Do the proposed measures adequately capture changes in family and volunteer outcomes that may result from participation in the VFC program?
- 2 Are the proposed measures acceptable to volunteers and families and able to be collected reliably by telephone?
- 3 Is the proposed measure of program fidelity acceptable to volunteer providers and coordinators, and able to be collected reliably at each visit?



METHODOLOGY

The pilot study employed a semi-longitudinal comparison group survey design. There were three groups of participants: VFC families, a comparison group of families and volunteers. Recruitment of participants took place at three sites in Sydney in the inner west (Good Beginnings), Rosebery (Benevolent Society) and in Carramar (Karitane). All of the parents were mothers except one.

The comparison group were families attending playgroups run by the partner organisations. Supported playgroups were utilised as an avenue through which to recruit the comparison group because the playgroup

families share some of the key characteristics of the VFC participants.

They too were families with young children who had been identified as having some vulnerabilities and they were engaging with a family support service.

The VFC and comparison group families were similar in terms of age, income, family composition, education, housing and employment status. The comparison group was, however, much more culturally diverse. The participant families had an average of 4 children.

FAMILY PARTICIPANTS

	BASELINE	FOLLOW UP 1: 3 MONTHS	FOLLOW UP 2: 3 MONTHS	RETENTION RATE FROM BASELINE
VFC FAMILIES	16	10	9	56%
COMPARISON (PLAYGROUP) FAMILIES	23	18	14	61%

The participating families had already been involved with either VFC or a playgroup service for varying amounts of time (1-12 months). The baseline data collection marked the commencement of their involvement in the research, and not the commencement of their engagement with the service.

Participants were surveyed at baseline, after 3 months and 6 months, using a number of standardised instruments. These were designed to measure:

FOR FAMILIES

- parent mental and physical wellbeing (SF-12)
- family functioning
- social and community connectedness
- parenting sense of competence
- child-parent relationship
- availability of social support from others
- satisfaction with the program
- use of available family support services
- immunisation, breastfeeding and nutrition
- whether expectations were met.

FOR VOLUNTEERS

- mental and physical health
- availability of social support from others
- social and community connectedness
- motivations for volunteering.

Participants were also invited to talk about their experiences of participating in the program, whether VFC or a playgroup.

Participants were surveyed over the telephone in order to test whether this methodology would be appropriate for a study of this kind. Only those families who participated in data collection at all three time points are included in the analysis that follows.

Ten volunteers were recruited of whom nine completed a follow-up interview after six months.

As well as completing an interview and survey at two time-points, the volunteers trialled the fidelity measurement tool. This was an Activity Checklist that they were asked to complete after each visit to a family. The checklist included a list of topics or activities that may be covered during a visit and asked for additional qualitative information about the progress of the weekly visits. The purpose of the tool is to be able to monitor whether or not the program is being implemented according to the agreed common guidelines and protocols.

KEY FINDINGS

OUTCOMES FOR VFC FAMILIES

- VFC parents reported significantly poorer general wellbeing than comparison group parents at baseline, but no significant difference by the 6 months follow-up, suggesting that VFC families had ‘caught up’ with comparison group families.
- There was a clear trend of improvement in the mental health of the VFC parents over the 6 months.
- VFC parents were significantly more likely than comparison group parents to report that life had improved in the last three months, and to be optimistic that it would continue to improve.
- VFC parents were significantly more likely to report having ‘someone in their life who reminded them of their own value’. There was also a marginal effect increase in those reporting ‘having someone in their life they could count on’.
- VFC families had lower community connectedness scores at baseline than the comparison group, but had similar scores at 6 month follow-up, again suggesting that VFC families had ‘caught up’ with the playgroup families on this variable.
- VFC parents demonstrated a significant increase in sense of parenting satisfaction at the 6 months follow-up.

‘There is no judgement and no assumptions. I don’t have to prove that I need help, there is trust on face-value.’
VFC PARENT

OUTCOMES FOR BOTH VFC AND COMPARISON GROUP FAMILIES

- Both groups experienced a significant increase in social integration and in their global social provisions scores.
- Both groups demonstrated an increase in child-parent closeness and a decrease in child-parent conflict.
- Both groups were equally satisfied with the services they were receiving.
- There was no significant difference in the physical health of the two groups at the start, nor over the 6 months.

PARENT EXPECTATIONS

Overall, VFC families were more likely than comparison group families to report that their expectations of the service were being met.

PARENT EXPERIENCES

Qualitative data was gathered through open-ended questions to understand the parents' experiences of participation. Three main themes emerged from the VFC parents' responses:

- the importance of the parent-volunteer relationship
- feeling less isolated
- the value of practical support.

Some mothers spoke about their volunteer being 'like family' or a 'mother figure' to them. The relationship with the volunteer was perceived as being different to a relationship with a professional. One mother reflected, '... [the] volunteer nature of giving, loving ... a social worker could not do the same thing' while another said, 'Volunteers are less clinical and more supportive.'

'When I'm tired it's easy to get overwhelmed so getting practical help means I can manage more. I don't have a great deal of family. My parents have passed so there is no one to fill that practical support and it makes a difference to get through the week.'

VFC PARENT

Some mothers spoke about how much they valued the affection and attachment that had grown between the volunteer and their children. Mothers appreciated the non-judgemental nature of the support offered by the volunteers. This allowed a trusting relationship to develop.

Mothers also appreciated the practical support provided by the volunteers. This was particularly valued by those who did not have extended family close by and/or whose partners were often absent.

VOLUNTEERS

- VFC volunteers were highly motivated by a belief in helping others, a strong desire to gain understanding of the challenges faced by others and a desire to improve their own self-esteem.
- Over time, their scores related to career development decreased, suggesting that volunteers became less motivated by gaining career experience through volunteering. They significantly increased in their scores on the understanding subscale, indicating an increasing desire to learn. There was also a change on the recognition subscale, indicating that the volunteers had an increased desire for formal recognition of their volunteering over time.
- Volunteers reported above average physical and mental health as compared to standardised norms.

VOLUNTEER EXPERIENCES

- Volunteers' descriptions of program participation fell into four themes: being a volunteer is rewarding, the value of new relationships, enjoyment in interacting with children, and feeling supported and valued by the organisation.
- Volunteers described the changes that they had observed in the parents including improved confidence and coping, less social isolation and improved parenting skills.
- Volunteers felt that the program benefitted children and described improved child health and development, connection between volunteers and children, and new learning and play opportunities.

FIDELITY

Overall, the fidelity measurement tool, the Activity Checklist, was found to adequately capture the activities of the program.

DISCUSSION AND CONCLUSION

Both VFC and comparison group (playgroup) families demonstrated positive changes over the six months of the pilot study. The VFC families experienced marked changes, especially in parent wellbeing, social support and connectedness, and parenting satisfaction.

The data suggests that on a number of variables VFC families were more vulnerable than comparison group families at baseline. However they were comparable to comparison group families at follow-up, indicating that they had closed the initial gap between the groups.

This finding reinforces the argument that there is a unique place for volunteer home visiting programs in the service landscape. The families who received volunteer home visiting were more vulnerable than those accessing supported playgroup but did not, overall, perform at a level that would qualify them for tier three service support for families at a high level of risk. The VFC program appears to serve a group of families who often fall between the service cracks.

In their responses to open-ended questions, volunteers described positive changes within their own lives as the result of volunteering. Statistical analysis captured some of these changes as they related to changing motivations for volunteering, which became more and more focused on wanting to understand the life experiences and support needs of other people.

While limited by small participant numbers, this pilot study supports the role of the VFC volunteer home visiting program in supporting positive outcomes for families who are isolated and/or vulnerable. The study also supports that participation in this program as a volunteer is an enriching life experience.

While the primary purpose of the pilot study was to test the methods, instruments and study protocols in advance of a large effectiveness trial, the study findings contribute to the existing literature relating to supporting vulnerable families through volunteer home visiting.



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Good Beginnings' programs, which are part of Save the Children Australia, build better outcomes for children and their families in vulnerable communities. We use effective early intervention and practical parenting programs, so every Australian child has the opportunity for a good beginning in life.



Locked Bag 5000
Fitzroy VIC 3065
E info@savethechildren.org.au
www.goodbeginnings.org.au
ABN 68 090 673 528

Karitane

Karitane provides help and advice to mothers and families during the early years of parenting. Our healthcare professionals guide, support and educate families to ensure a safe and nurturing environment for their children.



PO Box 241
Villawood NSW 2163
T 02 9794 2300
www.karitane.com.au
ABN 25 000 018 842



MACQUARIE
University

Dr Rebekah Grace
Children and Families
Research Centre
Macquarie University
North Ryde NSW 2109
T 02 9850 9844
E rebekah.grace@mq.edu.au



Professor Lynn Kemp
School of Nursing and
Midwifery
Western Sydney University
Locked Bag 1797
Penrith NSW 2751
T 02 8738 9394
E lynn.kemp@uws.edu.au

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For a copy of the full report of the pilot study please contact Rebekah Grace.

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National office

Level 1, 188 Oxford Street
Paddington NSW 2021
PO Box 171, Paddington NSW 2021
T 02 8262 3400
F 02 9360 2319
ABN 95 084 695 045

Visit www.benevolent.org.au to find out more
or connect with us at  